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CANCER OF THE UTERUS

BY FRED J. TAUSSIG, M.D.

*Member of the Executive Committee of the American Society for the Control of Cancer**"In the early recognition and treatment of cancer lies the hope of cure."*

This is the motto of the American Society for the Control of Cancer, the national association composed of physicians and laymen whose object is the education of the public regarding the nature and treatment of this disease.

With each decade of the past fifty years cancer has become increasingly important as one of the great scourges of mankind. Other diseases, such as cholera, yellow fever, malaria, have been effectively controlled, and tuberculosis and the intestinal diseases of infancy have been greatly reduced in frequency of occurrence by better hygiene and by the education of the public. Cancer, which is the most uniformly fatal of all the common diseases of man, remains comparatively uninfluenced by modern advances so that there is certainly a relative, if not an actual increase in cancer mortality. And yet in the past fifteen years, there has been a material advance in our methods of treatment so that a large number of persons could now be permanently cured if only they would present themselves to us early in the disease. It is a realization of this fact that has prompted the organization of a nation-wide, educational propaganda concerning the early manifestations of cancer and the importance of immediate surgical treatment.

Cancer is, in its early stages, a local disease. If, therefore, the organ affected by cancer is one that can be safely removed and if the disease has not extended beyond the limits of that organ, we can be certain of a permanent cure. Many times, however, microscopic particles of cancer cells have been carried beyond the organs originally involved and we have what is termed a recurrence of the disease. This is a bad name, since cancer does not return but rather reappears, that is to say, the few cancer cells left, invisible to the eye and escaping the most delicate palpation, begin to multiply after a certain period of time until by their continued growth they reappear as a tumor at or near the site of the original operation.

Cancer is decidedly more prevalent among women than among men, and it is for this reason that the Society feels the need of assistance from the organized associations of nurses throughout the country. Next to the family physician there is no one who is so often called upon for advice upon matters of this kind as the nurse and among women questions as to the significance of a lump in the breast or an irregular bloody discharge are more apt to be referred to her than to a doctor.

At the Barnard Free Skin and Cancer Hospital in St. Louis, I have been particularly impressed with the frequency with which cases have been sent to us through the agency of a nurse. I, therefore, appeal to all nurses to consider it their duty to inform themselves as to the essential facts of the disease and to spread the knowledge of these facts as far as they can properly do so among the women of their acquaintance.

It is always difficult to estimate the value of educational work of this kind, particularly in America where vital statistics and the control of the medical profession is so imperfectly organized. In Prussia, where educational work concerning cancer began in 1902, they could show a very definite increase in the number of early cases coming for treatment as the result of educational work. I believe that by persistent efforts to educate the public we can accomplish similar results in this country. In spite of the high standards of our general educational system, the medical education of our people is far behind that abroad. Thus I found in my own experience that only about 15 per cent of all patients having cancer of the uterus who came for treatment, were still operable. In the large clinics of Germany the percentage of operability is three to four times as great and, in consequence, the number of permanent cures is much greater abroad than it can be here under present conditions.

There is not time to go into a discussion of the general characteristics of cancer further than to say that it is not contagious in the sense of being transmitted from one person to another, and that it is not hereditary in the sense of being transmitted from mother to child. There are, however, certain races and certain large groups of families in whom cancer is somewhat more prevalent.

Of the predisposing causes of cancer we know that chronic irritation is undoubtedly an important factor. You know how frequently X-ray burns are followed by this disease; how smokers are very apt to have cancer of the tongue and lip; how women who have had many children are more apt to have cancer of the uterus; how gall stones increase the likelihood of cancer of the gall bladder and how ulcers or chronic inflammation of the stomach predispose to cancer in that organ. It is therefore important to teach the public that chronically inflamed organs must be given a chance to heal and that further irritation of these organs should be avoided.

As this paper is prepared with special reference to cancer of the uterus, I will consider the symptoms of this form of the disease only.

Unfortunately the uterus is, next to the stomach, the most frequent site of malignant trouble. Cancer of the lip, face, breast and external

portions of the body are naturally recognized earlier and with greater certainty than is a cancer which originates within the body. Cancer of the uterus shares this disadvantage, but it has on the other hand the advantage that for some months it is localized to the immediate neighborhood of that organ and can still be completely removed. In over 90 per cent of cases it occurs in women over thirty-five years of age who have had children. There seems to be a definite relationship between the number of children and the frequency with which uterine cancer occurs. Tears of the cervix have been shown by large statistical study to be, at least to some degree, a predisposing factor. Some men have suggested that all women over thirty-five years of age should be subjected to examination at regular intervals in order to discover cases early enough for treatment. This suggestion is, however, evidently impracticable and would lead to much unnecessary worry and expense. It would, however, be wise for all women who have had tears at childbirth to keep under reasonably close supervision during the decade between forty and fifty years, and if there is evidence of chronic irritation about the cervix or deep lacerations, the question of local treatment or of operative measures should be given due weight. So much for preventive methods.

The early symptoms of the disease vary somewhat in intensity and character. The most constant is the irregular appearance of blood in the vaginal discharge. Sometimes it will show itself at or about the menstrual period, but more frequently the bloody tinge is intermittent throughout the period. If bleeding follows intercourse, straining or taking a douche, it should be carefully investigated. Occasionally we find merely a marked increase in the leukorrheal discharge, sometimes of a straw-colored character and having an unusual odor. A few cases that have come to our hospital in already advanced stages have denied any bleeding whatever previous to examination. Time and again I have seen women who told me that they thought this little discharge would amount to nothing since they had no pain and experienced no discomfort. Please impress it upon the women of your acquaintance that pain and backache are a late symptom of cancer; that by the time the patient begins to have pain it is only too frequently impossible to effect more than temporary relief. Let me give you a few illustrations from the records of the Barnard Free Skin and Cancer Hospital of St. Louis showing the fatal results of delay in the treatment of cancer:

Case 1, Mrs. B., 41 years of age, noticed seven months previous to coming to the hospital an irregular bloody vaginal discharge. The discharge continued throughout this period but she never consulted a physician until one week previous to her admission to the hospital. We found on examination a cancer that had already extended to the peritoneum.

Case 2, Mrs. N., 59 years of age, several years beyond the menopause, began to have a bloody vaginal discharge with occasional slight hemorrhages. She consulted a physician at once who pronounced her disease a cancer of the uterus and advised an operation. The patient refused to have anything done. Six months later she began to have severe pains in the lower abdomen and down the legs, and having lost fifty pounds in weight finally came to our hospital for advice. The cancer had already involved the bladder and vagina and only palliative measures could be employed.

Case 3, Mrs. C. M., 53 years old. At the time of the menopause she began to have a bloody discharge which persisted. After having such a discharge for over a year she finally decided to consult a physician. No examination had been made until the day before her admission to the hospital, March 1, 1910, when we found the tissues to all sides of the cervix involved and the case clearly inoperable.

Case 4, Mrs. R., 37 years of age. Several months after her last childbirth she began to have a bloody discharge, no pain or backache. She consulted a physician who did not examine her but prescribed douches. Two months later, since the bloody discharge continued, she returned to the same physician who again did not examine but altered the original prescription for the douche. Six months later, when the discharge still persisted, she went to a second physician who examined her and curetted the cervix for cancer. Nine months after the onset of the bleeding she came to us for advice and we found a far advanced cancer that still offered a slight chance for a permanent cure by radical hysterectomy. This was done and she remained well for a year thereafter, but then had a return of her growth.

In contrast to the above four cases, let me cite:

Case 5, Mrs. H., 46 years of age. Noticed an increased vaginal discharge in July of the present year which, about September 1, became tinged with blood. On the advice of a nurse who was acquainted with the family she came to us at once for examination. I found a comparatively early cauliflower cancer of the cervix without apparent extension to the surrounding tissues. A radical operation which was done two weeks later gives every hope of having effected a permanent cure.

You see from these test histories that particularly the irregular bloody discharge at the time of the menopause should be looked into carefully and that the only way to determine whether a woman has a uterine cancer or not is by an internal examination. Here again the nurse must do her share to overcome the false modesty that keeps so many women from going to a physician at once upon the appearance of suspicious symptoms.

While the patients are probably the main factor in delaying treatment, we see from the history of Case 4 that the physician is not infrequently also to blame. I am sure you will do a vast amount of good if you will teach your people the doctrine that the physician who is too busy or too lazy to make a physical examination is not worth while having at all. The days of the "Show-your-tongue-and-feel-your-pulse" doctor are rapidly going. Try and help him into the realms of oblivion. The increased rigid requirements of medical schools in many states will keep down the number of such useless men in the future and I trust you will do your share to see to it that they do not too much harm in your community during the present.

Perhaps to some of you the thought has come: "What is the use of all this instruction, since even the early cases of cancer will sooner or later come back with a return or reappearance of their former trouble?" That is not true. While we are willing to acknowledge that a certain percentage of even the early cases do have a recurrence after a given length of time, the proportion is becoming increasingly smaller with the advances in our methods of treatment. Hundreds of women in this country who have had cancer of the uterus are alive today, five years or more since the time of operation, as witness to the permanency of such cures. There is likewise no question but that the improved methods of treatment with radium or the penetrating X-rays in coöperation with surgical methods, and in a few cases unaided by these, will considerably increase the percentage of cures.

The present is, therefore, a time of rapid progress both in the research as to the causes of cancer and in the treatment of this disease. It is beyond the limits of my paper to go into this part of the subject, but I can assure you that the atmosphere of gloom that formerly pervaded institutions where such patients were being treated has changed into one of distinct hopefulness. We find ourselves in a position even to help materially cases of advanced cancer.

The snag upon which all our surgical advances and our newer methods of treatment with radium, X-rays and serum are caught, is the delay in coming for treatment. If the cancer has invaded the system or extended into regions beyond the influence of all therapeutic measures, we can offer merely temporary relief of suffering without hope of cure. It is for that reason that we make this appeal to the nurses to help in the education of the general public. Let me, therefore, end this article in the words that began it:

In the early recognition and treatment of cancer lies the hope of cure.